

<div style="text-align: center;"> <b>FEE TRANSMITTAL</b>  <b>FOR FY 2005</b> </div> <p>Effective 12/08/2004.          Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>	<div style="text-align: right; font-weight: bold;">Complete if Known</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/284,787</td> </tr> <tr> <td>Filing Date</td> <td>August 16, 1999</td> </tr> <tr> <td>First Named Inventor</td> <td>Thomas EMRICH</td> </tr> <tr> <td>Group Art Unit</td> <td>1645</td> </tr> <tr> <td>Examiner Name</td> <td>Robert A. Zeman</td> </tr> <tr> <td>Attorney Docket Number</td> <td>BMID9913US</td> </tr> </table>	Application Number	09/284,787	Filing Date	August 16, 1999	First Named Inventor	Thomas EMRICH	Group Art Unit	1645	Examiner Name	Robert A. Zeman	Attorney Docket Number	BMID9913US
Application Number	09/284,787												
Filing Date	August 16, 1999												
First Named Inventor	Thomas EMRICH												
Group Art Unit	1645												
Examiner Name	Robert A. Zeman												
Attorney Docket Number	BMID9913US												
<b>Total Amount of Payment (\$)</b> 1,810.00													

**METHOD OF PAYMENT (check all that apply)**

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Roche Diagnostics

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☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150		250	200	100	_____
Design	200	100	500	50	130	65	_____
Plant	200	100	100	150	160	80	_____
Reissue	300	150	300	250	600	300	_____
Provisional	200	100	500	0	0	0	_____
			0				

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

**Fee (\$)****Small Entity Fee (\$)**

50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

\_\_\_\_\_ -20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

(HP = highest number of total claims paid for, if greater than 20)

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

\_\_\_\_\_ -3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

(HP = highest number of independent claims paid for, if greater than 3)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets****Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

22 -100 = 0 / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other: RCE

**Fee Paid (\$)**

\$790.00

\$1,020.00

Request for Extension of Time

**SUBMITTED BY:**

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Signature: <i>Marilyn Amick</i>	Date: 1/11/05	

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Name (Print/Type)

Michele Wilson

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*Michele Wilson*

Date

1-11-05

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WP18529US

MA/9-13-04

File/Case No. WP18529US  
Bm109913US Initials/Date: MA/9-13-04

☒ Patent ☐ Trademark

Serial No. 09/284,787

Applicant Emrich et al.

- ☐ General Appt. of Representative  
☐ Sequence Listing Comp Read.  
☐ Cert. Copy of Priority Document  
☐ English Translation  
☐ Specimen(s) #  
☒ Return Receipt Postcard

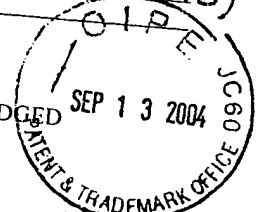
☒ Claims Listing  
☒ Foerster et al.

- ☐ Application # \_\_\_\_\_ of pages  
☐ Dep. Acct. Fee of \$ \_\_\_\_\_  
☐ # \_\_\_\_\_ sheets of drawings  
☐ Declaration & Power of Attorney  
☐ Assignment & Recordation Cover Sheet  
☐ IDS/1449/Refs  
☒ Transmittal Form/PTO Form Exp. Mail  
☐ Fee Transmittal/PTO Form  
☒ Amendment/Response to Office Action with in duplicate  
☐ Preliminary Amendment  
☐ Request for Extension of Time  
☐ Response to Missing Parts/Copy of Notice  
☐ Statement to Support Filing of Sequence Listing

Customer No. 23690  
EV 421106334US

RECEIPT OF THE ATTACHED IS HEREBY ACKNOWLEDGED

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Roche Diagnostics Operations, Inc.  
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Indianapolis, IN 46250



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